# Indiana Stroke Prevention Task Force



## Indiana Epidemiology

- □ 15<sup>th</sup> highest stroke prevalence in the country
- □ 18<sup>th</sup> in mortality
- □ In Indiana, nine people a day die due to stroke
- □ Almost 3% of Indiana's population is living with sequelae of stroke
- □ The hospital cost for stroke in 2006 was \$373 million

### Why there was a need for ISPTF

□ Gathering epidemiologic data

Lack of public awareness of stroke

□ Lack of assertiveness/consistent stroke treatment

□ Created to assess the needs for stroke care in Indiana

■ Maintain awareness of the most effective strategies for the medical intervention in stroke by developing treatment guidelines.

(www.in.gov/isdh/publications/pdfs/indianastroke/guidelines.pdf)

#### **ISPTF**

□ Created by legislation passed in 2004 to attempt to reduce the burden of stroke in Indiana after failing to pass in 2003.

□ Strongly supported by the AHA/ASA

□ Legislation renewed in 2008 with additional goals.

#### Roster

- □ Neurologist
- □ ER physician
- □ Registered nurse
- □ Rehab therapist
- □ EMS
- □ Hospital administrator
- □ Stroke survivor
- □ ISDH
- □ Family physician

- Insurance representative
- Pharmacist
- Rehabilitation physician
- Stroke support organization
- ☐ Indiana minority health coalition

#### Goals of Task Force

- □ Complete a statewide comprehensive stroke needs assessment.
- Develop and implement a statewide public education program on stroke prevention targeted to high risk populations.
- □ Recommend and disseminate guidelines on the treatment of stroke.

- □ Develop a standardized stroke template checklist for emergency medical services.
- □ Develop a stroke survivor mentor program.
- □ Investigate the use of telemedicine in Indiana for the treatment of stroke.
- □ Develop a standard template of protocols that include thrombolytic treatment.

#### Guidelines

- □ Purpose of guidelines is to provide a basis and minimum standard for the treatment and management of stroke.
- □ Developed from currently available published information including guidelines and recommendations from other specifically interested organizations.

- □ Includes information regarding the signs/symptoms, risks and TIA.
- □ Guidelines for all aspects of treatment including:
  - EMS
  - ER
  - Hospital
  - Rehabilitation

□ Another goal is the assessment of the state of stroke care in Indiana including care in the acute and rehabilitation settings.

One of the tools used was the survey developed by the Great Lakes Stroke Network regarding rehabilitation after stroke.